

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
2	/							52			
3	/							53			
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42	/							92			
43	/							93			
44	/							94			
45	/							95			
46	/							96			
47	/							97			
48	/							98			
49	/							99			
50	/							100			
TOTAL IND.	4							TOTAL IND.			
TOTAL DEP.	18							TOTAL DEP.			
TOTAL CLAIMS	22							TOTAL CLAIMS			